

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	Cashier C ma		08-31-01 9/6/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SP	1027	10/03/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 : ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	11/4
31	06/11
32	03/05
1	✓ ✓
2	1
3	
4	
5	
6	
7	✓ ✓
8	✓ ✓
9	N N
10	N N
11	N N
12	N N
13	✓ ✓
14	✓
15	0
16	✓
17	1
18	
19	
20	✓ ✓
21	✓ ✓
22	N N
23	✓ =
24	✓ =
25	✓ =
26	N N
27	✓ =
28	1 ✓
29	
30	✓ ✓
31	✓ ✓
32	N N
33	N N
34	N N
35	N N
36	1 1
37	
38	
39	
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41	
42	
43	
44	
45	
46	
47	
48	
49	✓ ✓ ✓
50	✓ ✓ ✓

Claim	Date
Final	
Original	4
51	✓
52	✓
53	=
54	1
55	
56	
57	
58	
59	✓
60	=
61	✓
62	✓
63	=
64	1
65	
66	
67	✓
68	=
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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